

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000007159

1. Entity Name

THE COMPANY ACCOUNTANTS, INC.

2A

Principal Place of Business

1800 SECOND STREET  
SUITE 745  
SARASOTA FL 34236

Mailing Address

1800 SECOND STREET  
SUITE 745  
SARASOTA FL 34236

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0407917

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BROWNING, ROBERT W JR~~  
~~1800 SECOND ST~~  
~~SUITE 900~~  
~~SARASOTA FL 34236~~

Name: LAURA A PLUM  
Street Address (P.O. Box Number is Not Acceptable)  
1800 2<sup>ND</sup> STREET  
SUITE 745  
City: SARASOTA FL Zip Code: 34236

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*Laura A Plum*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/4/01

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P  
NAME: MARGETTA, C.A.  
STREET ADDRESS: 1800 SECOND STREET  
CITY-ST-ZIP: SARASOTA FL 34236 ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: D  
NAME: PLUM, L.A.  
STREET ADDRESS: 1800 SECOND STREET  
CITY-ST-ZIP: SARASOTA FL 34236 ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

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STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*Laura A Plum*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/01

941/955-1643

CR2E034 (10/00)

5/1

FILED

Jun 19, 2001 8:00 am

Secretary of State

05-15-2001 90135 047 \*\*\*150.00



DO NOT WRITE IN THIS SPACE